

Mary Emily Bailey

Town

County

Died at

*Salisbury**Wicomico*

MARYLAND

Date 189

8

Month Day

7 13

Y.

M.

D.

Native of

Occupation

Age

*1 3**U.S*

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Dennerd B. Bailey

Mother's

Name

Susan E. Bailey

Cause of

Primary

Scarlatina

How long sick

6 WEEKS

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Edwin M. Hasbrouck

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Brown

Town

County

Died at Salisbury Wicomico

MARYLAND

Date 1898 ^{Month} July ^{Day} 31 ^{Y.} 44 ^{M.} 6 ^{D.} 21 ^{Native of} Md. ^{Occupation} Butler
 Male ☒ White ☒ Married ☐ Widow ☐ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 7

Husband of Mary E. Brown
 Wife

Father's Name George H. Brown Mother's Name Charlotte Brown

Cause of Death { Primary Pulmonary Tuberculosis How long sick 4 year
 Immediate Exsanguination

Death { Accident, Suicide, Homicide

Reported by Edwin M. Hasbrouck 2nd

Address Salisbury Md.



Name in Full

Certificate of Death

Lewis

Town

County

Died at near Pocollassville Wisconsin

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

July 11

Age

1 7 2

Md.

Male

Female

White

Colored

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

82

Cause of

Primary

Dysentery and dentition

How long sick

3 weeks

Death

Immediate

Colored Infants

Accident, Suicide, Homicide

Reported by

J. H. V. L. M. S.

Address

Pocollassville

Wisconsin P. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 189

Month Day

Y. M. D. Native of

Occupation

MARYLAND

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Emily Amelia Wilkinson

Town

County

Delmar

Wicomico

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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